

## COLLEGE NOW APPLICATION

New Student Returning S	Student	HI LICE	ITION	2026	
EMPLID (Stu	dent - COLLEGE ID#):				
Today's Date		Date of Birth (MM/DD/YYYY)			
Student's Name: (First)	(M.I.)	(Last)			
Student OSIS (High School ID) [Required]		Student SSN [REQUIRED]*			
Street Address + Apt #:		City	State	Zip Code	
Home Phone #		Student Cell Phone #			
Email Address you will use for CNOW class: (Please print clearly)		Gender: ☐ Male ☐ Female ☐ Trans ☐ Gender Non ☐ Gender X ☐ Not listed			
Name of High School:		Current Grade Level on Transcript:  10th 11th 12th			
Counselor Name:	Counselor Phone #:	Counselor En	nail Address:		
* SSN must be provided; if undocume	l e <mark>nted and not assigned a Soc</mark> k with Guidance Counselor/C		•	-	
	<u>OT EMAIL YOUR SSN IN TH</u>			nce.	
List previous College Now courses, s	semester and grade (must i	nclude courses to	aken at other c	ampuses as well):	
COURSE		SEM	ESTER	GRADE	
1.					
2. 3.					
4.					
COURSE CHOICES: Review Co Please indicate your FIRST (3) three course option blank. Every effort will be made to p	choices, in order of preferenc	e. If you do not ha	ave a 2nd or 3rd	d choice, leave this	
1st Choice Course Name		•	3		

2nd Choice Course Name

3rd Choice Course Name \_\_\_





I am aware that he/she is participating in the City University of New York (CUNY) College Now Program which is an instructional activities program taking place at Medgar Evers College (MEC), located at 1650 Bedford Avenue, Brooklyn, New York 11225. I am aware that my child's course(s) will take place once/ twice a week after school. If the course takes place on MEC campus, I understand that my child may travel to the college site by various forms of public and private transportation. I understand that some courses may require field trips. It also understand that there may be risks involved in my child's departure from his/her home or school without adult supervision, and I assume those risks on behalf of my child and myself.  * I give permission for The City of New York (CUNY) to use my child's image or photograph, name, high school affiliation; and/or written and /or recorded oral statements made in or about College Now, solely for the purposes of increasing awareness of the College Now program for other city students through CUNY's non-commercial purposes, including promotion of the College Now program and use on CUNY-TV and cuny.edu, in any manner of media, now and in the future, throughout the world.    Print Name of Parent/Guardian   Signature of	Student Name:	
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Parent Email Address:  Parent Cell:  Work:  In case of an emergency, please provide two (2) contact persons over the age of 18 with valid phone numbers: Information should be PRINTED.  1. Name:  Phone:  Phone:  If student is over the age of 18, they may sign this application; parental consent/signature not required.	affiliation; and/or written and /or reco of increasing awareness of the Colle purposes, including promotion of the	orded oral statements made in or about College Now, solely for the purposes ege Now program for other city students through CUNY's non-commercial College Now program and use on CUNY-TV and cuny.edu, in any manner
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